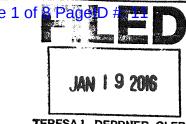
Case 3:16-cv-00452 Document 2 Filed 01/19/16 Page 1 of 2 Page



UNITED STATES DISTRICT COURT TERESA L. DEPPNER, CLERK SOUTHERN DISTRICT OF WEST VIRGINIA U.S. District Court Southern District of West Virginia

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|--|--|--|--|
| / | | Steel black to the steel of the | |
| | | The state of the s | |
| *************************************** | | | |
| | ve the full name of the plaintiff in this action). | ř | (Inmate Reg. # of each Plaintiff) |
| ERSUS | | CIVIL ACT | TION NO. 3:16-0v-00452 be assigned by Court) |
| Medical | administrater | | |
| | | | - |
| Marque malun. et al. et al | | | - |
| | | *************************************** | _ |
| | | | |
| Tutan ahov | a the full name of the defende | | _ |
| | e the full name of the defenda | nt | _ |
| | ts in this action) | MPLAINT | |
| r defendan | ts in this action) | | |
| r defendan | ious Lawsuits Have you begun other lawsu | MPLAINT uits in state or | r federal court dealing with the same relating to your imprisonment? |

В.

If your answer to A is yes, describe each lawsuit in the space below. (If there

| | | ore than one lawsuit, describe the additional lawsuits on another piece of r, using the same outline). | | |
|---|----|--|--|--|
| | 1. | Parties to this previous lawsuit: | | |
| | | Plaintiffs: | | |
| | | Defendants: | | |
| | 2. | Court (if federal court, name the district; if state court, name the county); | | |
| | 3. | Docket Number: | | |
| | 4. | Name of judge to whom case was assigned: | | |
| | 5. | Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending? | | |
| · | 6. | Approximate date of filing lawsuit: | | |
| , | 7. | Approximate date of disposition: | | |

| II. | Place | e of Present Confinement: <u>Western Respond</u> Jail |
|------|---|--|
| | A. | Is there a prisoner grievance procedure in this institution? |
| | | Yes No CHI |
| | В. | Did you present the facts relating to your complaint in the state prisoner grievance procedure? |
| | | Yes No |
| | C. | If you answer is YES: |
| | | 1. What steps did you take? |
| | | |
| | | 2. What was the result? |
| | | |
| | D. | If your answer is NO, explain why not: I feel as if they all work |
| | | tegether and it would have been over looked or brushed to the side, |
| III. | Not I did send a message to Motion about it thou the K. | |
| | and p | em A below, place your name and inmate registration number in the first blank blace your present address in the second blank. Do the same for additional ciffs, if any.) |
| | A. | Name of Plaintiff: 191/y Ferguson 3542337 |
| | | Address: URJ One O'Hanlon Place Buchoussille, WV 25504 |
| | B. | Additional Plaintiff(s) and Address(es): |
| | | |
| | | |
| | | |

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

| is employed | as: Musses |
|-----------------|-----------------|
| at <u>Uster</u> | n Regional Jail |
| Additional d | fendants: |
| | |
| | |

IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Had suggest on my hand from here. When I want to have my east removed the suggest said that it I didn't great full movement within 2 weeks to come back and he would go back in and work on it.

2 weeks went by, I told the naises, they said they would make an appointment. When I kept asking them every day. They had telling me the same thing, that they would make an appointment, never dol. I went to court in Ohio for a few weeks, and when I came book, I explained everything to him. She said she would chak into it. Anothing was ever done, And now my hand will publy sive me problems his the rest of my life.

| IV. | Statement of Claim (continued): |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | <u> </u> |
| V. | Relief |
| | State briefly exactly what you want the court to do for you. Make no legal arguments Cite no cases or statutes. |
| | ant all my medical bills to be part for on my hand when I get |
| ह्यारी | out and have it worked on. I want the medical shalf to be |
| Ficia | al better better betwee hired. And I want 125 thousand |
| dolla | us for my pain and suffering. |
| | |
| | |
| *************************************** | |
| | |
| | |

| V. | Reli | Relief (continued)): | | |
|------|------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| VII. | Cou | nsel | | |
| | A. | If someone other than a lawyer is assisting you in preparing this case, state the person's name: | | |
| | В. | Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? | | |
| | | Yes No | | |
| | | If so, state the name(s) and address(es) of each lawyer contacted: | | |
| | | | | |
| | | If not, state your reasons: I deat the mean to talk to a larger hor | | |
| | | do I knue the money to hire one, | | |
| | C. | Have you previously had a lawyer representing you in a civil action in this court? | | |
| | | Yes No | | |

| If so, | state the lawyer's name and address: |
|---------------------|---|
| | |
| Signed this | 9th day of <u>Journaly</u> , 2016. |
| | Dilly Dongwan |
| | |
| | Signature of Plaintiff or Plaintiffs |
| I declare under pen | alty of perjury that the foregoing is true and correct. |
| Executed on | (Date) |
| | Signature of Movant/Plaintiff |
| | |
| Signature of Attorn | ay |
| (if any) | - y |

One CHarles Place
Durbousville, WV25504

THIS PERSON IS AN NIVATE!

Clerk, United States District Court
S45 Fifth Avenue, Room 101
Hunthington, West Virginia 25701

on, Hest Virginia 25701





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